



# Body-Mind-Spirit Journal

## Weekly Wellness Progress

Category	M	T	W	TH	F	S	SU
<i>BMS Morning Centering</i>							
<i>Write Intention</i>							
<i>Yoga (3-6 times per week)</i>							
<i>Daily Movement (# of steps, etc)</i>							
<i>BMS Body Sensing Practice</i>							
<i>Complete Nutrition Journal</i>							
<i>Sleep (duration)</i>							

## Nutrition Basics & Intention

Day: \_\_\_\_\_

Category	Portions
<i>Balanced Meals</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Water</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Produce</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Sugar (&lt;25 g/day)</i>	
<i>Healthy Carbs</i>	<input type="checkbox"/> <input type="checkbox"/>
<i>Eating (until not hungry)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

My Daily Intention is:

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Day: \_\_\_\_\_

Category	Portions
<i>Balanced Meals</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Water</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Produce</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Sugar (&lt;25 g/day)</i>	
<i>Healthy Carbs</i>	<input type="checkbox"/> <input type="checkbox"/>
<i>Eating (until not hungry)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

My Daily Intention is:

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Day: \_\_\_\_\_

Category	Portions
<i>Balanced Meals</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Water</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Produce</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Sugar (&lt;25 g/day)</i>	
<i>Healthy Carbs</i>	<input type="checkbox"/> <input type="checkbox"/>
<i>Eating (until not hungry)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

My Daily Intention is:

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Day: \_\_\_\_\_

Category	Portions
<i>Balanced Meals</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Water</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Produce</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Sugar (&lt;25 g/day)</i>	
<i>Healthy Carbs</i>	<input type="checkbox"/> <input type="checkbox"/>
<i>Eating (until not hungry)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

My Daily Intention is:

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Day: \_\_\_\_\_

Category	Portions
<i>Balanced Meals</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Water</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Produce</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Sugar (&lt;25 g/day)</i>	
<i>Healthy Carbs</i>	<input type="checkbox"/> <input type="checkbox"/>
<i>Eating (until not hungry)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

My Daily Intention is:

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Day: \_\_\_\_\_

Category	Portions
<i>Balanced Meals</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Water</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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My Daily Intention is:

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